## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

AUS 920030385 USI

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                    |   |  |                               |                      |                  |          | SMALL ENTITY TYPE OR |                        |               | OTHER THAN<br>SMALL ENTITY |                        |
|--|--------------------|---|--|-------------------------------|----------------------|------------------|----------|----------------------|------------------------|---------------|----------------------------|------------------------|
| TOTAL CLAIMS   |                    |   | ટ્રા                                   |                               |                      |                  |          | RATE                 | FEE                    |               | RATE                       | FEE                    |
| FOR  |                    |   | NUMBER FILED                           |                               | NUMBER EXTRA         |                  |          | BASIC FEE            | 375.00                 | OR            | BASIC FEE                  | 750:00                 |
| TOTAL CHARGEABLE CLAIMS  |                    |   | 있 minus 20=                            |                               | * 1                  |                  |          | X\$ 9=               |                        | OR            | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |                    |   | 3 mi                                   | nus 3 =                       | *                    |                  |          | X42=                 |                        | OR            | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                    |   |  |                               |                      |                  |          | +140=                |                        | OR            | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                    |   |  |                               |                      | olumn 2          | 1        | TOTAL                |                        | OR            | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |                    |   |  |                               |                      |                  |          | OTHER THAN           |                        |               |                            |                        |
|  |                    | (Column 1)<br>CLAIMS  | // · · · · · · · · · · · · · · · · · · | (Colur                        |                      | (Column 3) SMALL |          |                      |                        | OR            | SMALL                      |                        |
| AMENDMENT A  |                    | REMAINING<br>AFTER<br>AMENDMENT                                 |  | NUMI<br>PREVIO<br>PAID        | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus                                  | **                            |                      | =                |          | X\$ 9=               |                        | OR            | X\$18=                     |                        |
| AME  | Independent        | *   | Minus                                  | ***                           |                      | = =              |          | X42=                 |                        | OR            | X84=                       |                        |
|  | FIRST PRESE        | NTATION OF MI   | JLTIPLE DEF                            | PENDENT                       | CLAIM                |                  |          | +140=                |                        | OR            | +280=                      |                        |
|  |                    |   |  |                               |                      |                  |          | TOTAL                |                        | OR            | TOTAL<br>ADDIT. FEE        |                        |
| ADDIT. FEEON (Column 1) (Column 2) (Column 3)  |                    |   |  |                               |                      |                  |          |                      |                        |               | ADDII. I EE                |                        |
| AMENDMENT B  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |  | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus                                  | **                            |                      | =                |          | X\$ 9=               |                        | OR            | X\$18=                     |                        |
|  | Independent        | *   | Minus                                  | ***                           | CL AIAA              | =                |          | X42=                 |                        | OR            | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                    |   |  |                               |                      |                  |          | +140=                |                        | or            | +280=                      |                        |
|  |                    |   |  |                               |                      |                  |          | TOTAL<br>ADDIT. FEE  |                        | OR            | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |                    |   |  |                               |                      |                  |          |                      |                        |               |                            |                        |
| AMENDMENT C  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |               | RATE                       | ADDI-<br>TIONAL<br>FEE |
| N<br>N<br>N  | Total              | *   | Minus                                  | **                            |                      | =                |          | X\$ 9=               |                        | OR            | X\$18=                     |                        |
| AME  | Independent        | <u> </u>  | Minus                                  | ***                           |                      | =                | <b>!</b> | X42=                 |                        | OR            | X84=                       |                        |
| ľ  | FIRST PRESE        | NTATION OF M  | ULTIPLE DEI                            | PENDENT                       | CLAIM                |                  | J        | +140=                |                        | OR            | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                    |   |  |                               |                      |                  |          |                      |                        |               | TOTAL                      |                        |
| **   | If the "Highest Nu | mber Previously Pa<br>Imber Previously P<br>Inber Previously Pa | aid For" IN TH                         | IS SPACE                      | is less tha          | an 3, enter "3." | •        | ADDIT. FEE           | propriate bo           | OR<br>x in co | ADDIT. FEE                 |                        |